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WKST 03	Medicaid Deductible
WKST 04	Medicaid Institution Determination
WKST 05	Medicaid Extensions
WKST 06	EBD-Related Determination Worksheet
WKST 07	Spousal Impoverishment Income Allocation
WKST 08	Medicaid Purchase Plan (MAPP) Eligibility
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WKST 12	Family Care Eligibility – Non-MA Financial Determination
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Provided below is a list of Medicaid forms. All Medicaid forms that should be downloaded are listed in alphabetical order at <http://dhfs.wisconsin.gov/em/index.htm>. A copy of the rights and responsibilities will automatically download with the positive or negative notices. Do not forget to send the rights and responsibilities.

To order DWD/DWS forms by:

Mail  
Barbara Albrecht  
DWD/DWS  
P.O. Box 7972  
Madison, WI. 53707  
Fax: (608) 267-3240

DWD/DWS FORM NUMBER	FORM NAME	ORDER	DOWNLOAD
DWSW 2018	Good Cause Notice		X
DES 2131	Self- Employment Income Report (SEIRF)		X
DES 2372	What To Bring With You	X	X
DWSW 2378-1	Addendum to the CAF		X

To order HFS (including DDE, HCF, HFS, and PHC) forms contact:

Mail: Division of Health Care Financing  
Attn: Steve Bowe P.O. Box 309  
Madison, WI 53701-0309  
Email: Bowesh@dhfs.state.wi.us  
Fax: (608) 266-1096

HCF FORM NUMBER (effective 1/1/03)	FORM NAME	ORDER	DOWNLOAD
DDE 2564	Retroactive Caretaker Supplement Authorization		X
DDE 2565	Recoupment Caretaker Supplement Authorization		X
DDE 2571	Caretaker Supplement Application		X
DDE 2571A	Caretaker Supplement Application Instructions		X
DDES 919	MA Waiver Eligibility and Cost Sharing Worksheet	X	
HCF 10075	Wisconsin Well Women Medicaid Determination	X	
HCF 10076	SeniorCare Application	X	X
HCF 10076A	SeniorCare Application Instructions	X	X
HCF 10079	SeniorCare Certification	X	
HCF 10079A	SeniorCare Certification Instructions	X	
HCF 10080	SeniorCare Authorized Representative		X
HCF 10081	Medicaid Presumptive Eligibility Application	X	
HCF 10093	Medicaid Overpayment Notice		X

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HCF 10094	Medicaid/Healthy Start Continuous Newborn Eligibility Positive Notice	X	X
HCF 10095	Medicaid Asset Assessment		X
HCF 10096	Community Spouse Asset Share Notice		X
HCF 10097	Notice of Medicaid Income Allocation		X
HCF 10098	Medicaid Recipient Asset Allocation Notice		X
HCF 10099	State Authorized Placement of a Medical Recipient in an Out-of-State Treatment Facility		X
HCF 10100	Wisconsin Family Medicaid, BadgerCare, and Family Planning Waiver Application	X	X
HCF 10100A	Wisconsin Family Medicaid, BadgerCare, and Family Planning Waiver Application Instructions	X	X
HCF 10100H	Wisconsin Family Medicaid, BadgerCare, and Family Planning Waiver Application Hmong		X
HCF 10100AH	Wisconsin Family Medicaid, BadgerCare, and Family Planning Waiver Application Instructions Hmong		X
HCF 10100R	Wisconsin Family Medicaid, BadgerCare, and Family Planning Waiver Application- Russian		X
HCF 10100AR	Wisconsin Family Medicaid, BadgerCare, and Family Planning Waiver Application Instructions Russian		X
HCF 10100S	Wisconsin Family Medicaid, BadgerCare, and Family Planning Waiver Application – Spanish		X
HCF 10100AS	Wisconsin Family Medicaid, BadgerCare, and Family Planning Waiver Application Instructions Spanish		X
HCF 10101	Wisconsin Medicaid Elderly/Blind/Disabled Application	X	X
HCF 10101A	Wisconsin Medicaid Elderly/Blind/Disabled Application Instructions	X	X
HCF 10101H	Wisconsin Medicaid Elderly/Blind/Disabled Application Hmong		X
HCF 10101AH	Wisconsin Medicaid Elderly/Blind/Disabled Application Instructions - Hmong		X
HCF 10101R	Wisconsin Medicaid Elderly/Blind/Disabled Application Russian		X
HCF 10101AR	Wisconsin Medicaid Elderly/Blind/Disabled Application Instructions - Russian		X
HCF 10101S	Wisconsin Medicaid Elderly/Blind/Disabled Application Spanish		X
HCF 10101AS	Wisconsin Medicaid Elderly/Blind/Disabled Application Instructions Spanish		X
HCF 10103	Medicaid / Healthy Start Positive Notice		X
HCF 10106	Medicaid Qualified Medicare Beneficiary (QMB)/Specified Low-Income Medicare Beneficiary (SLMB)		X
HCF 10107	QMB,SLMB, SLMB+, Negative Notice Decision		X
HCF 10108	Notice to Institutions, Nursing Home, Client		X
HCF 10108A	Notice to Institutions, Nursing Home, Client Instructions		X
HCF 10109	Medicaid Remaining Deductible Update		X

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HCF 10110	Medicaid/BadgerCare Certification	X	
HCF 10111	Good Faith Medicaid Certification		X
HCF 10111A	Good Faith Medicaid Certification Instructions		X
HCF 10112	Medicaid Disability Application	X	X
HCF 10113	Information for Medicaid-Disability Applicants		X
HCF 10115	Medicaid Health Insurance Information		X
HCF 10117	Healthy Start Continuous Newborn Eligibility Negative Notice		X
HCF 10118	Medicaid/Healthy Start Negative Notice		X
HCF 10119	Wisconsin Medicaid Presumptive Eligibility for the Family Planning Waiver	X	
HCF 10119A	Wisconsin Medicaid Presumptive Eligibility for the Family Planning Waiver Instructions	X	X
HCF 10120	Medicaid Purchase Plan Transmittal of Medicaid Disability		X
HCF 10121	Medicaid Purchase Plan Independence Account Registration		X
HCF 10122	Medicaid Purchase Plan (MAPP) Recipient/Premium Information		X
HCF 10123	Medicaid/BadgerCare Manual Negative Notice		X
HCF 10124	Medicaid/BadgerCare Manual Positive Notice		X
HCF 10125	Medicaid Presumptive Disability Decision	X	X
HCF 10126	Medicaid Authorization of Representative		X
HCF 10126H	Medicaid Authorization of Representative		X
HCF 10126R	Medicaid Authorization of Representative		X
HCF 10126S	Medicaid Authorization of Representative		X
HCF 10127	Medicaid Purchase Plan Work Requirement Exemption		X
HCF 10129	Medicaid, BadgerCare and Family Planning Waiver Registration	X	X
HCF 10129H	Medicaid, BadgerCare and Family Planning Waiver Registration	X	X
HCF 10129R	Medicaid, BadgerCare and Family Planning Waiver Registration	X	X
HCF 10129S	Medicaid, BadgerCare and Family Planning Waiver Registration	X	X
HCF 10130	Medicaid Presumptive Disability Form	X	X
HCF 10132	EDS-Net Medicaid Multi User		X
HCF 13023	Medicaid Purchase Plan Premium Recipient/Employer Electronic Funds Transfer	X	X

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HCF 13024	Medicaid Purchase Plan Premium Employer Wage Withholding	X	X
HCF 13024A	Medicaid Purchase Plan Premium Employer Wage Withholding Information and Instructions	X	X
HCF 13025	BadgerCare Premium Employer Wage Withholding	X	X
HCF 13025A	BadgerCare Premium Employer Wage Withholding Information and Instructions	X	X
HCF 13026	BadgerCare Premium Recipient/Employer Electronic Funds Transfer	X	X
HCF 13026A	BadgerCare Premium Recipient/Employer Electronic Funds Transfer Information and Instructions	X	X
HCF 13038	Notice of Intent To File A Lien	X	
HCF 13039	Estate Recovery Disclosure Sheet	X	
HCF 14014	Authorization to Disclose Information to Disability Determination Bureau (DDB) Form		X
HCF 16022	Social Security Number Card Referral		X
HCF 16024	Notice of Disqualification		X
HCF 16034	Self- Employment Income Worksheet Corporation		X
HCF 16035	Self Employment Income Worksheet Subchapter S Corporation		X
HCF 16036	Self-Employment Income Worksheet Partnership		X
HCF 16037	Self-Employment Income Worksheet Sole Proprietor Farm and Other Business		X
HFS 0009	Confidential Information Release Authorization		X
HFS 9D	Confidential Information Release Authorization Release to Disability Determination Bureau		X